

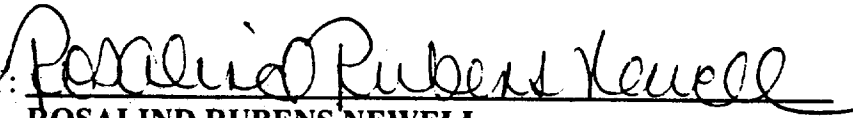
Entered - 04/02/01 - sb
CL01L0201 - DIANNE C. MITCHELL

CLAIM OF: **BELINDA S. LOTT**
733 Akers Ridge Drive
Atlanta, Georgia 30339

01-R-0685

For damages alleged to have been sustained as a result of vehicular damage due to a metal plate in the roadway on September 22, 2000 at Ponce de Leon Avenue and Freedom Parkway.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0201

Date: April 19, 2001

Claimant /Victim BELINDA S. LOTT

BY: (Atty)(Ins. Co.) _____

Address: 733 Akers Ridge Drive, Atlanta, Georgia 30339

Subrogation: _____ Claim for Property damage \$ 428.18 Bodily Injury \$ _____

Date of Notice: 03/26/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 09/22/00 Place: Ponce de Leon Avenue and Freedom Parkway

Department Public Works Division: Street Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she damaged her vehicle when she drove over a metal plate in the roadway. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5. The six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

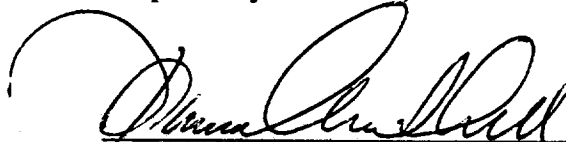
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager: Dianne C. Mitchell Concur/date 05-02-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3/14/01

MAR 26 2001

Dear Municipal Clerk:

ENTERED - 4-2-01 - SB
01L0201 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 428.18 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 9/22/2000 (month/day/year) 2. Time of Incident: 11:30pm 3. Police called: X Yes No
4. Location of incident (including street address): Ponce de Leon Ave. + Freedom Pkwy.
5. Name of your insurance company: State Farm Insurance Policy No. 341225-E31-11
6. State what and how incident occurred: We (there were 2 others in car w/ me - I was driving) were going west down Ponce de Leon in the right hand lane and it was raining. I hit a huge pothole that appeared square in shape and was not marked in anyway. It dented both the front and rear tire rims (which I kept) and blew the front tire out. I called AAA from the BP Station at Ponce & Piedmont. I paid the cost of repairs myself as there was no time to make an insurance claim.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Saturn SL1 1994 373 NFR Belinda S. Lott
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: N/A
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Bonnie Russell Atlanta, GA (I don't know; she's my friend's mom)
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Belinda S. Lott
Signature of Claimant

Belinda S. Lott

(Print Claimant's Name)

733 Akers Ridge Dr.

(Address)

Atlanta, GA 30339

(City, State and Zip Code)

404.236.6534

(Work Number)

770.980.9145

(Home Number)

* Enclosed are copies of the actual bills that I paid back in September of 2000 for car repairs needed to get my car back on the road. I am asking for reimbursement of these bills due to a manmade hole that was unmarked on Ponce de Leon at Freedom Pkwy. The hole was covered by the following Friday when I went to take pictures, but I have kept the dented rims.

Thank you.

Belinda S. Lott

01- -0685